

Practitioner Name: _____
(please print)

HEPATITIS B DECLINATION

Hepatitis B Vaccine Declination for Physicians and Allied Health Practitioners

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time either because I have undergone vaccination previously and/or I do not want to be vaccinated at this time. I understand that by declining this vaccine, I may be at risk of acquiring hepatitis B, a serious disease.

(Witness)

(Signature)

(Date) _____
(Time) a.m.
p.m.

I have received three doses of Hepatitis B vaccine at another facility and have provided documentation. I therefore decline further immunization.

(Witness)

(Physician or AHP Signature)

(Date) _____
(Time) a.m.
p.m.

I have received three doses of Hepatitis B and cannot provide documentation. I therefore decline further immunization.

(Witness)

(Physician or AHP Signature)

(Date) _____
(Time) a.m.
p.m.

RETURN COPY OF FORM TO MEDICAL STAFF SERVICES

You may fax to: 704-384-3381